

Northeast Fisheries Observer Program
REFUSAL REPORT

Please complete as much information as possible.

Date (mm/dd/yy): _____

Observer Information

First/Last Name: _____

Address: _____

Phone Number(s): _____

Area Coordinator (AC): _____

AC's Phone Number(s): _____

Captain/owner Information

First/Last Name: _____

Address: _____

Phone Number(s): _____

Port (Dock, Town, State): _____

Vessel Name: _____

Hull or Registration Number: _____

Fishery/Gear Type/Target: _____

Signature: _____ Date: _____

Description of events (Who, When, Why, What, Where, How; Were any written material handed to the fisherman?; Was he/she verbally informed of the observer requirements?)
